

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF APPEALS

Applicant: Behnaz Parhami-Seren, Michael N. Margdies and Garner T. Haupt, Jr.

Serial No.: 09/412,268 Group Art Unit: 1642

Filed: October 5, 1999 Examiner: S. Ungar

Confirmation No.: 9455

For: OUABAIN-SPECIFIC MONOCLONAL ANTIBODIES

RECEIVED

JUN 26 2003

TECH CENTER 1600/2900

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 6-19-03 Date Signature

Ann M Giso

Typed or printed name of person signing certificate

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated December 20, 2002, of the Primary Examiner finally rejecting claims 1-6 and 38-55. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated December 20, 2002 for three (3) month(s) from March 20, 2003 to June 20, 2003.
2. ☐ A  month extension of time to respond to the Office Action Made Final dated  was filed on  with payment of a \$ fee.  
☐ Applicant hereby petitions for an additional  month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

06/25/2003 AMCHDAF1 00000098 09412268

160.00 OP  
465.00 OP

01 FC:2401  
02 FC:2253

## 4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three (3) month(s)		\$ 465
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	( <input type="checkbox"/> mo.)	\$ _____
	Less fee paid	( <input type="checkbox"/> mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 160
<input type="checkbox"/>	Other _____		\$ _____
		TOTAL	\$ <u>625</u>

## 5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$625 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Anne J. Collins

Anne J. Collins

Registration No.: 40,564

Telephone: (978) 341-0036

Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: June 19, 2003